$\odot$ 

## STATEMENT OF **ORGANIZATION**

http://www.fec.gov/pdf/forms/fecfrm1.pdf
RECEIVED
SECRETARY OF THE SIMATE
PUBLIC RECORDS

SECRETARY OF LHAPRHAGE PM 3: 16

			14 APR online user only 15				
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
Committee to glack Kristie Holmes							
		<u> </u>	·				
ADDRESS (number ar	ed street) 8170	DULD AVI					
(Check if a is changed		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>				
•	LOS ANG	AAS	STATE A PLOCHE ZIP CODE A				
COMMITTEE'S E-MA	IL ADDRESS						
(Check if a							
learn is Glariged	Optional Second E-Mai	Address					
٠							
COMMITTEE'S WEB  (Check if a is changed	PAGE ADDRESS (URL)  ddress	ristieholme	R CESTA CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROL O				
2. DATE	3'25'2014		ELECTIVE ISSION ISION 8 PM 3: 38				
3. FEC IDENTIFIC	CATION NUMBER >						
4. IS THIS STATEM	IENT NEW (N) OF	AMENDED (A)					
I certify that I have e	xamined this Statement and to the		is true, correct and complete.				
Type or Print Name of	of Treasourer Daniel	Slack JR.					
Signature of Treasure	Marial Ma	of fr	Date 03 22 2014				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530	ontact: FFC FORM 1				

ı	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page 2
. TYPI	E OF C	OMMITTEE	•
Can	didate	Committee:	
(a)	<b>X</b>	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Cano	e of didate	KRISTIE, HOLMES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	didate / Affiliatio	Office Sought: House Senate President	State CA
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Pari	ty Con	nmittee:	
(d)			Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	•
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iralsing Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	and the second second
	4.		ر معلی معلی معلی معلی معلی معلی معلی معلی

FEC Form 1 (Parisand C	0,0000)	Dans 2
FEC Form 1 (Revised 0 Write or Type Committee Name	2209)	Page 3
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Mailing Address		<u> </u>
Relationship:	CITY STATE  Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE  Leadership PAC Sponsor
7. Custodian of Records: identification books and records.	tify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name		
Mailing Address		<del></del>
. •		
Title or Position	CITY STATE	ZIP CODE
/ [	Telephone number	لىنا-لىنا
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
	EL SLACK JR.	
Mailing Address .		14091-
Title or Position A,C,C,O,U,N,T,A,N,	CITY STATE	ZIP CODE -  3,2,4  -  3,4,3,4

FEC Form 1 (Revise	ed 02/2009)		Page 4			
			٠.			
Full Name of Designated Agent						
Mailing Address		<del>-1-1-1-1-1-1-1-1-</del>				
		<del></del>				
	CITY	STATE	ZIP CODE			
Title or Position	Tele	ephone number	للسا-لسا			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.						
CAA	REBANK					
Mailing Address	18 50 SYNSET IS	MD				
	LOS ANGIALES		GUDY L			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository,	etc.					
Mailing Address		<del></del>				
			ليستنسب			
•		لبا لب				
	CITY	STATE	ZIP CODE			

SO KN County CA CA CA

The of Mbliz Reede

hirsten DC 20013-7578 40.69 71578 OFFICE

(8/2013)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED